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A3196-PCT-USA-A / 066031.0102

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Kaempfer et al.
Serial No. : 09/150,947 Examiner: Navarro, A.
Filed : September 10, 1998 Group Art Unit: 1645
For : BROAD SPECTRUM PYROGENIC EXOTOXINS ANTAGONISTS
AND VACCINES

EXTENSION OF TIME REQUEST

August 20, 2001

BY EXPRESS MAIL: EF839853372US

Assistant Commissioner for Patents

Box CPA

Washington, DC 20231

Sir:

Transmitted herewith is a Continued Prosecution Application.

Small Entity Status:

[] Small entity status of this application under 37 CFR 1.9 and 1.27

[x] has been established previously. Such status is still proper and desired.

[] is claimed by applicant in the enclosed verified statement.

08/23/2001 GTEFFERA 00000014 09150947

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195.00 0P

Extension of Time Request:

[X] An extension of time to respond to the PTO communication dated March 20, 2001 is hereby requested. The required fee for extension, indicated below, is enclosed herewith.

Extension for response (check only one):

		<u>SMALL ENTITY</u>	<u>OTHER THAN SMALL ENTITY</u>
within first month under 1.17(a)(1)	[]	\$55.	[] \$110.
within second month under 1.17(a)(2)	[X]	\$195.	[] \$390.
within third month under 1.17(a)(3)	[]	\$445.	[] \$890.
within fourth month under 1.17(a)(4)	[]	\$695.	[] \$1,390.

[] An extension for ___ months has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total months of extension now requested. The extension fee due with this request is \$_____.

[X] In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Fee Calculation:

[X] The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After <u>Amendment</u>	(Col. 2) Highest No. Previously <u>Paid For</u>	(Col. 3) Present Extra <u>Claims</u>		<u>Small Entity Rate</u>	<u>Fee</u>	OR	<u>Other Than A Small Entity Rate</u>	<u>Fee</u>
Total Claims*	34	minus**	20 =	14	x	9 =	\$126.00	,	18 = \$0.0
Ind. Claims*	14	minus***	3 =	11	x	40 =	\$440.00	,	80 = \$0.0
() First Presentation of Multiple Dependent Claim					+	135 =		-	270 = \$0.0
				Total Additional Fee			<u>\$0.00</u>		<u>\$0.0</u>

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" in this space is less than 3, write "3" in this space.

Method of Fee Payment:

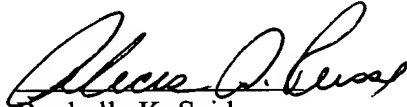
[X] A check in the amount of \$1246.00 is attached herewith (includes extension of time fee, Suspension of Action fee and CPA filing fee).

[] Please charge our Deposit Account no. 02-4377 in the amount of \$ _____. Two copies of this sheet are enclosed.

[X] The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 02-4377. Two copies of this sheet are enclosed.

[] The Commissioner is conditionally authorized to charge payment of any fees associated with this application or credit any overpayment to Deposit Account No. 02-4377. Two copies of this sheet are enclosed.

Respectfully submitted,
BAKER BOTTS, L.L.P.


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PTO Reg. No. 46,192

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PTO Reg. No. 46,192

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Enclosures